

**MCDB Encounter File Processing
January 2007 - April 2008 Data**

**P620: Optimum Choice Inc.
Based on Data After Final Encounter Processing (2006 - 2007)
Data Completeness Summary Report**

Eligible Services: 4,495,063
Services Submitted: 4,495,063

Source File: P620_enc5_dc_crunch.sas7bdat
File Date: December 5, 2008

Delivery System	Number of Recipients ¹			Number of Services			Total Payment		
	2006	2007	% Change	2006	2007	% Change	2006	2007	% Change
1: HMO (Non-Medicaid, Includes Medicare)	237,029	179,643	-24.2	5,731,149	3,977,990	-30.6	389,378,275	457,355,999	17.5
2: PPO-POS									
3: PPO or Other Managed Care									
4: Indemnity Care									
5: HMO-POS Rider	33,689	21,821	-35.2	812,260	517,073	-36.3	55,875,746	57,121,103	2.2
6: EPO									
9: Payer Code=9 (Unknown and Missing)									
Total	269,088	201,038	-25.3	6,543,409	4,495,063	-31.3	445,254,021	514,477,102	15.5

Plan ²	Number of Recipients ¹			Number of Services			Total Payment		
	2006	2007	% Change	2006	2007	% Change	2006	2007	% Change
Non-HMO									
HMO Fee for Service	217,878	170,740	-21.6	3,870,916	3,283,848	-15.2	419,278,558	481,072,796	14.7
HMO Capitated	208,281	125,171	-39.9	2,344,398	905,453	-61.4			
Medicare, All Types	6	15	150.0	59	397	572.9	3,179	12,293	286.7
No Plan Assigned	11,481	8,298	-27.7	328,036	305,365	-6.9	25,972,284	33,392,013	28.6
Total	269,088	201,038	-25.3	6,543,409	4,495,063	-31.3	445,254,021	514,477,102	15.5

Coverage Type	Number of Recipients ¹			Number of Services			Total Payment		
	2006	2007	% Change	2006	2007	% Change	2006	2007	% Change
1: Medicare Supplemental	13	30	130.8	215	780	262.8	5,756	19,638	241.2
2: Individual Plan	8,748	7,113	-18.7	203,654	154,276	-24.2	12,673,922	16,539,685	30.5
3: Private Employer Sponsored Fully Self-Ins	41,777	23,803	-43.0	1,002,969	535,077	-46.7	70,877,281	60,338,304	-14.9
4: Private Employer Sponsored Insured	89,021	64,397	-27.7	1,898,158	1,317,534	-30.6	132,634,010	160,202,541	20.8
5: Public Employee	77,686	71,172	-8.4	2,229,263	1,743,430	-21.8	144,277,974	187,402,710	29.9
6: Comprehensive Standard Health Benefit Plan	53,996	35,227	-34.8	1,209,150	743,966	-38.5	84,785,078	89,974,224	6.1
7: Medicare Provided by a Medicare HMO/CMS									
8: Taft Hartley Jointly Managed Trust Fund									
9: Payer Code-9 (Unknown Coverage Type)									
Missing or Invalid Code									
Total	269,088	201,038	-25.3	6,543,409	4,495,063	-31.3	445,254,021	514,477,102	15.5

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NOTES:

¹ Total number of recipients will be less than the sum of individual category recipient counts if some recipients receive services in more than one category.
Key to identify a unique recipient: Patient ID + Birth Year + Birth Month + Gender.

² Rules for categorizing services into a PLAN:

Non-HMO

1. Payer is not an HMO provider and Coverage Type (COVTYPE) is non-Medicare (2-6) or Taft-Hartley (COVTYPE = 8).
 - a. Coverage Type (COVTYPE) is non-Medicare (2-6)
 - b. Coverage Type (COVTYPE) is Taft-Hartley (8).
2. Payer is an HMO provider:
 - a. Delivery System (DELVTYP) is non-HMO (2-4).
 - b. Coverage Type (COVTYPE) is non-Medicare (2-6)

HMO Fee for Service:

1. Payer is an HMO provider.
2. Coverage Type (COVTYPE) is non-Medicare (2-6).
3. Delivery System (DELVTYP) is HMO (1 or 5).
4. Service is not capitated (BILLTYPE = 1).

HMO Capitated:

1. Payer is an HMO provider.
2. Coverage Type (COVTYPE) is non-Medicare (2-6).
3. Delivery System (DELVTYP) is HMO (1 or 5).
4. Service is capitated (BILLTYPE = 8).

Medicare, All Types

- 1, All services with Coverage Type 1 or 7.